

**Monroe County Department of Health**

Food Protection – Room 1020
111 Westfall Road/ P.O. Box 92832
Rochester, New York 14692
(585) 274-6064

(DO NOT WRITE IN THIS SPACE)

New ☐Name/Operator Change ☐

Former Est. Name _____

_____ Inspector _____

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT**Please complete this form. Print or type all information.***Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.*

| | |
|--|------------------|
| Name of Establishment _____ | |
| Address _____ | |
| Location _____ (city, town or village) | Zip _____ |
| Business telephone _____ | |

OPERATOR'S NAME _____
(Partnership or Corporate Title – if applicable- copy of certificate attached)**Address** _____ **Zip** _____**Home telephone** _____

Partners' or Corporate Officers' Names & Titles

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Home Addresses and Phone Number

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Insurance Information (Proof of insurance is required prior to permit issuance)

Name of Company _____

Workmen's Comp. No. _____

Disability Number _____

Type of establishment ☐ Restaurant and/or Tavern ☐ Catering ☐ School or College ☐ Retail Bakery ☐ Delicatessen
☐ Industrial Food Service ☐ Mobile Vending ☐ Commissary**Operating Days and Hours** _____**Certified Food Worker** (required prior to permit issuance)

Name of L1 worker _____ Certification # _____

Please attach a copy of certificate. (Serv Safe, National Registry of Food Safety Professionals, or Exporior)

Name of L2 worker _____ Certification # _____

*Receipt of Part 14-1 of the New York Sanitary code is acknowledged. **Signature must be original, no copies or faxes accepted.*****Signed** _____ **Date of application** _____**Print name** _____

(REV 4/00)